PTC/SB/17 (97-01)

Approved for use through (8/38/2016, OME 0651-0032,

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OME could furmible.

Onder the reservoir headclion Act of	1990, no person are require	o to respond to a expectiv		Connects of treaties As		AND DE INDICADOR.	
Effective on 12/08		Complete if Known					
Fees pursuant to the Consolidated Approp		<u> </u>					
FEE TRANS	Filing Date		October 21, 2004				
For FY 2	First Named Inv Examiner Name						
X Applicant claims small entity sta		4727.0		•••••••••••			
	Art Unit	6000.010000					
TOTAL AMOUNT OF PAYMENT	Attorney Docket	No. 32	3254-0124PUS1				
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account Name Deposit Account Name Birch, Stewart, Kolasch & Birch,							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
X Charge (ee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
F	LING FEES	SEARCH FEES	EXAMINA	ATION FEES			
Application Type Fee (Small Entity See (\$) Fee	Small Entity e (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	sid (S)	
Utility 300		500 250	2(8)	100	Andrews .		
Design 200		00 50	130	65	**********************	***************************************	
Piant 200		100 150	160	80			
Reissue 300		i00 250	(00)	300			
Provisional 200	100	0 0	. 0	6			
2. EXCESS CLAIM FEES					\$	mall Entity	
Fee Description					Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)					50	25	
Each independent claim over 3 (inc	luding Reissues)				260	100	
Multiple dependent claims					360	180	
Total Claims Extra Claims	Fee (\$) F			tiple Depende			
10 -20-	x =	***************************************	<u>F88</u>	<u>(S)</u>	ee Paid (\$)		
HP = highest number of total claims paid to		tenii Dentat (B)			************	•	
Indep. Claims Extra Claims	Fee (\$) F	ee Paid (\$)					
HP = highest number of independent claim	s paid for, if greater than 3.	······································					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Shee	ts Number of ea	ich additional 50 or frac	tion thereof	Fee (\$)	Fee P	aid (\$)	
- 100 = /50 = (round up to a whole number) x							
4. OTHER FEE(S) Fees Paid (\$)						210 (\$)	
Non-English Specification, \$130 fee (no small entity discount) Other feig., little filter surchargely, 2801 Request for continued examination (RCE) (see 37							
Other (e.g., late filing surcharge): 2001 Request for continued examination (RCE) (see 57 595.00* 2253 Extension for response within 2 nd & 3 nd month 450.00**							
SUBMITTED BY							
Signature Registration No 22,463				Telephone	(703) 205-8000		
Name (Print/Type) Joseph A. Kolasch				Date	August 27, 2007		

^{**}First Extension Fee paid on June 26, 2007. (\$510 - \$60 = \$450)